



WA State Dept. of Health  
Immunization Program

# Immunization Update

May 2002

## Modification to Immunization WAC

The State Board of Health and the DOH Immunization Program are working together to modify WAC 246-160-166 which requires all children to be fully immunized before they may attend school or childcare in Washington state. To assure that all children are able to attend school and childcare during a vaccine shortage, language is being modified to allow the state health officer to extend the 30-day "conditional status" in the event of vaccine shortages. As part of this process, the department and board will contact schools, the superintendent of public instruction, Department of Social and Health Services, the Board of Education, Local Health Jurisdictions, and vaccine providers.

## Vaccine Shortages – the distribution process

The Immunization Program recently received new information from CDC on vaccine ordering protocols during the current shortages. CDC calculated new monthly doses allowances for Washington State based on ACIP recommendations during periods of vaccine shortages. The monthly allotments of DTaP and PCV-7 are based on the expected need for covering the state birth cohort. CDC is monitoring nationwide vaccine orders to insure equitable distribution among the states.

The vaccine distribution center in turn distributes these vaccines based on the birth cohort for each county based on the latest year on record, 2000. Each LHJ receives monthly shipments of DTaP and PCV-7 based on the percentage of the birth cohort represented by the county, multiplied times the amount of vaccine received at the Distribution Center

The current shortages prohibit inventories from being stockpiled at the distribution center, LHJ or provider refrigerators. Several LHJ's distribute vaccines to providers more than once a month in order to maintain adequate vaccine supply at the provider level. To ensure equitable distribution, and assure that supply demand has the best chance of being met, vaccine should be distributed to providers based on doses administrated data and provider needs.

The shortages have been challenging for all of us, and we appreciate all of your efforts to maintain the best possible vaccine distribution and administration practices given these circumstances.

### Inside this issue:

AFIX Corner.....	2	N.O.I.S.E.....	4
Assessment News.....	2	Staff News.....	5
Resources.....	3	News Briefs .....	5
CHILD Profile.....	4	IACW News .....	6

Washington State Department of Health Immunization Program: [www.doh.wa.gov/cfh/immunize](http://www.doh.wa.gov/cfh/immunize)



### **AFIX CORNER**

#### **Assessment, Feedback, Incentive and eXchange**

##### **2002 AFIX Training:**

This year, training will be provided on an as-needed basis and geared to your specific needs. If you have an AFIX-related training need, please call Ros Aarthun at 360-236-3527. We'd like to start making plans as soon as possible, so please let us know as soon as you have identified a training need. A couple of requests to date are:

- ♦ training on the use of CASA tool for AFIX
- ♦ using CHILD Profile and CASA to do AFIX

##### **Reminder - 2002 Contract Requirement for Site Visits:**

- ♦ This year, you are visiting 20% of your provider sites. As last year, the requirement is to do 'routine' provider visits at 10% of your provider sites. Also this year, you will be doing 'expanded' visits at an additional 10% of your provider sites. (An 'expanded' visit includes a 'routine' visit and an AFIX visit with an assessment and feedback)
- ♦ For reference, in 2001, you visited a total of 15% of your provider sites. You did a 'routine' site visit at 10% of your provider sites and did an 'expanded' visit at 5% of your sites. (it was lowered to 5% since the AFIX training and contract amendment left only a half a year to complete the work.)
- ♦ Please contact Katherine Harris-Wollburg if you'd like to confirm the number of sites you are contracted to visit in 2002.

##### **'Help Line'**

If you need any assistance in doing your Assessments, Feedback, Incentive and/or eXchange, you can call 360-236-3595. Either Ros Aarthun or Michelle Hoffman can help you, or you can contact your regional nurse consultant Ruth McDougall or Norma Holliday.

##### **Clarification on minimum interval for MMR and Varicella vaccines:**

As you are aware, this year, the CDC revised the General Recommendations for the minimum interval or age for vaccine to be counted as valid to  $\leq 4$  days before. In Washington, this is being used only for the purposes of meeting minimum requirements, assessment of records and record reviews.

The 4-day grace period applies to all ages and intervals listed on Table 1 of the General Recommendations. It does NOT apply to the interval between the non-simultaneous administration of MMR and varicella vaccine. There is evidence of interference when these vaccines are separated by less than 28 days.

##### **School Validation of annual self-report Immunization Status Reports:**

This year, for the first time, 13 LHJs have chosen to partner with the immunization clinical/assessment team in selecting and visiting schools in their county. The immunization nurses in these counties have participated in an orientation with our nurses and will be evaluating and collecting immunization information jointly identified as priority concerns for that school, community, or county. This is a Public Health/School activity that is articulated in WAC. The Immunization Program and LHJ nurses have determined the most effective method to carry out this activity would be for local public health to maintain contact throughout the year with the school nurses in their own LHJ. Immunization Program Clinical and Assessment staff is visiting a sample of schools in the remaining counties.

##### **School and childcare mailing:**

The program is preparing materials to send to all the school and childcare centers in the state regarding changes to the minimum requirements for attendance, 4-day grace period for recording keeping as well as fliers for parents on the new requirements, etc. LHJs will also receive a complete copy of this mailing.

The school and childcare manual has been updated and will be on the Immunization Program website. We will not be doing a mass mailing of the manual this year, however, highlights of the major changes will also be

included on the website as well as in the above mailing.

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## Report on AFIX - from the 2002 National Immunization Conference

There were a number of breakout sessions on AFIX at the recent National Immunization Program (NIP) Conference. They were very informative and gave a good picture of the national perspective and the trends for the future of AFIX. As expected, there continues to be a strong push for accountability and quality assurance. Below are some of the highlights.

### Launching of the CDC “VFC/AFIX Initiative”:

- ◆ Emphasis on two-fold quality assurance provider site visits – the vaccine accountability piece along with the practice improvement piece via AFIX;
- ◆ Focusing on the full spectrum of the AFIX methodology (Assessment, Feedback, Incentive and eXchange, not just Assessment & Feedback);
- ◆ The expectation that, at minimum, 25% of the provider sites in each state will be visited each year, eventually visiting each site enrolled in the program.

### Making the assessment process more worthwhile for reporting and providing useable data:

- ◆ almost all of the states have abandoned the Casita method converting to either the mini-CASA or the full CASA because of the final report options and the ability to identify certain problematic antigens (e.g., DTaP, Hib)
- ◆ standardization of assessments statewide
  - using the same tool across the state (e.g., the mini-CASA),
  - reviewing the same series across the state (e.g., 4:3:1:3:3)
  - using the same coverage rate as a statewide goal
- ◆ implementing follow-up visits

**Stressing that AFIX is a methodology**, a process to recognize the strengths and weaknesses of each provider office and identify concrete ways to improve immunization practices.

**Look for ways to partner** with Professional Organizations, Managed Care Organizations, and other entities in our state around AFIX.

So, we will have some challenges over the coming year(s), but together we will be able to help maintain the viability of the vaccines administered in our state and help to improve the immunization rates for our children

## Resources

Below is a link to a new resource from CDC entitled “The ABCs of Childhood Vaccines”. It is a PowerPoint slide series that explains in everyday words and concepts, major facts about childhood vaccines.

<http://www.cdc.gov/nip/vaccine/ABCs/default.htm#Download>



## List serves

List serves that provide frequent immunization updates and information:

IAC Express:

[express@immunize.org?Subject=SUBSCRIBE](mailto:express@immunize.org?Subject=SUBSCRIBE)

Immune Newsbriefs:

[www.infoinc.com/imnews2/regform.html](http://www.infoinc.com/imnews2/regform.html)

MMWR: [LISTSERV@LISTSERV.CDC.GOV](mailto:LISTSERV@LISTSERV.CDC.GOV)

## Materials

Available now at the Distribution Center:

- The updated “Is Your Baby Protected” flier in English. Spanish version is coming soon.
- 11x14 *Immunize At All Ages* poster (similar to larger one, but in a more convenient size)
- Spanish/English fotonovela, “The Right Choice” – we have plenty of these left and would like to get them out to the appropriate communities – call now!

## CHILD Profile Integration

The Immunization Program (IP) has identified a team of staff to begin focusing efforts and resources on improving the integration of CHILD Profile Immunization Registry (CPIR) as a routine part of IP operations. The team will focus on three areas of integration: (1) Education, Marketing and Expansion, (2) Development of strategies for using CPIR data for IP assessment activities, and (3) Vaccine Accountability and Distribution. The goals of these activities are to promote internal and external stakeholder knowledge of CPIR, develop the use of CPIR for routine or enhanced immunization assessment activities, and to incorporate CPIR in vaccine accountability and distribution practices. These activities began in February 2002, and represent a collaborative effort between IP and CHILD Profile staff.

If you have ideas on how any of the above three areas could help enhance what you do at the local level, please send your ideas to Pamela Johnson at [Pamela.Johnson@doh.wa.gov](mailto:Pamela.Johnson@doh.wa.gov) or call her at 3360-236-3551.

## N.O.I.S.E.

### News from the eastern part of the state:

Lou Anne Cummings, MD, MPH is the new health officer in Walla Walla County.

**Spokane Co. Health District** continues efforts to keep its coalition going strong. It is working on educational efforts for health care providers in the area.

**Benton-Franklin and Yakima** counties have also been busy with educational efforts. They held a presentation for Group Health providers of the central area. About 60 turned out, for a three-hour informational session.

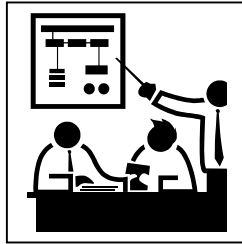
**Walla Walla and Benton-Franklin County Health Departments**, vaccine manufacturers, community partners and Washington State

Health Department recently sponsored an in-service for clinicians and providers. There were over 50 representatives from the local doctor's offices which currently receive State supplied vaccine. They included physicians, physician's assistants, nurses, medical assistants, and office managers. The Immunization techniques video produced by the California DOH was shown. Then the group was divided in thirds and had 3 separate breakout sessions on vaccine storage and management, parent education and medical protocols, and vaccine administration. “We were able to take advantage of all the hard work and planning that Tacoma/Pierce County did in putting this type of training together. I would recommend this program format to any LHJ who provide this kind of in-service opportunity for providers,” said Rae Scott, of the Benton-Franklin County Health Department.

## News from the western part of the state:

**Tacoma-Pierce Public Health Department,** vaccine manufacturers, community partners and Washington State Health Department recently sponsored an in-service for clinicians and providers titled 'Clinical Considerations In Childhood Immunizations'.

This years in-service addressed urgent needs identified through routine QA and CASA visits in private provider offices, particularly, family medicine. Three breakout sessions reviewed: vaccine administration, parent education and medical protocol, and vaccine storage and handling. All three sessions were well attended with positive feedback as to the usefulness of information. Preliminary evaluation indicates fundamental goals achieved; 6-month follow-up evaluation planned. This in-service partnership and format has been duplicated successfully in other WA counties with interest in future statewide duplication.



**Bremerton-Kitsap County Health District** provided the program: "Clinical Considerations in Childhood Immunizations" to 50+ private provider office staff in Silverdale.

The program covered vaccine storage and handling, parent education/medical protocols, and vaccine administration techniques. The new California injection techniques video was shown, and a representative for safety syringes was available with a display prior to the start program. Evaluation showed that the session was very beneficial and would help them with their daily work.

Bremerton-Kitsap distributed the benchmarking forms to each provider as part of their "stop by" site visits, and also distributed the injection technique video to each site for training of current and future staff. In addition, a presentation was given to 19 Olympic College Medical Assistants on vaccines and injection technique. According to Janet Kauzlarich, "It helps to know you have given them a base of information to build on, as you see them later in site visits."

## Staff News

Sadly, we are losing two valued staff from our program. Trang Kuss, Hepatitis Coordinator and Tawney Harper, VFC are both moving on to new chapters in their professional lives. Both will be missed. We hope to refill their positions as soon as possible.

Jina Clark has joined the Immunization Team as a Secretary for our Clinical and Assessment Unit. Jina comes to us with a great deal of customer service and previous state experience. We are pleased to have Jina with us.

Carlos Quintanilla has joined us as a CDC Public Health Advisor assignee. His most recent assignment was with the National Center for Infectious Diseases at CDC. He has local, state and national experience in public health. We are pleased to have the additional expertise that he will bring to our program.

## News Briefs

### "The Case for Childhood Immunization"

The Children's Vaccine Program at PATH (CVP) has published its Occasional Paper #5, "The Case for Childhood Immunization." This 15-page paper provides an excellent overview of immunization need and potential worldwide.

To print, go to: [http://www.childreenvaccine.org/html/ip\\_advocacy.htm#occp5](http://www.childreenvaccine.org/html/ip_advocacy.htm#occp5)

## IACW News

IACW is involved in several new projects related to provider outreach. The Coalition is participating in the EPIC (Educating Physicians in their Communities) with PHSKC and the CDC. It also is working with DOH and WCAAP and WAFP to put short, current messages concerning vaccines on their members-only websites. IACW has additional copies of the pocket-sized laminated cards with the 2002 Recommended Childhood Immunization Schedule in color. Call HMHB at 1-800-322-2588 or email Jennifer Little at [jenniferl@hmhbwa.org](mailto:jenniferl@hmhbwa.org).

### Upcoming IACW meetings

**API Task Force** – May 16th 7:30am-9:30 am at Healthy Mothers, Healthy Babies

**Public Awareness and Education Subcommittee** – July 17th 9:30-11:00, Jr. League in Seattle

**Executive Committee** – July 17th 11:30-1:30, Jr. League in Seattle

**Healthcare Provider Subcommittee** – July 24th 10:15-11:45, Bellevue Public Library

**Main Coalition** – July 24th 12:00-2:00, Bellevue Public Library

**Adult Subcommittee** – July 24<sup>th</sup> 2:00 – 3:00, Bellevue Public Library

**2002 'Pink Books' are here!** By now you should have received the pink books we ordered for you. In addition, we ordered extra books for LHJs to use as an incentive for their providers who are receiving AFIX visits. Please contact us at [immunematerials@doh.wa.gov](mailto:immunematerials@doh.wa.gov) to get your copies.

**Vaccine Recall cards:** soon you will be able to order a state provider vaccine recall card to use to help with the recall of patients for missed vaccines due to the vaccine shortages. These cards are available for ALL providers that currently do not have their own recall system in place. Please order at [immunematerials@doh.wa.gov](mailto:immunematerials@doh.wa.gov) as usual for immunization materials.



WA State Dept. of Health  
Immunization Program  
PO Box 47843  
Olympia, WA 98504-7843



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Questions, call 360-236-3569